

EXHIBIT B

092 555 215 8

US Postal Service
Receipt for Certified Mail
Auto Insurance Coverage Provided.

No Insurance Coverage Provided.
See reverse for International Mail (See reverse)

Sent to	1410 Par + Trademarked
Street & Number	1410 Par + Trademarked
Post Office, State, & ZIP Code	Box 1000, Springfield, MA 01103
Postage	\$.78
Certified Fee	1.10
Special Delivery Fee	
Registered Delivery Fee	1.10
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom & Date Delivered	
Date & Address of Addressee	
TOTAL Postage & Fee	\$ 2.88
Postmark of Date	APR 1986

Business completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

1. Article Addressed to:
US Department of Commerce
Patent and Trademark Office
Commissioner of Patents
and Trademark
Washington DC 20540

4B. ALIUS NOMBES:
P226366211

<input checked="" type="checkbox"/> Registered	<input checked="" type="checkbox"/> Certified
<input checked="" type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD
Date of Delivery	

7. Date of Delivery

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to: <i>Company name of Johnston Medicals Box 1000 Washington D.C. 20001</i>	4a. Article Number <i>9512 555 260</i>
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Certified <input checked="" type="checkbox"/> Insured <input checked="" type="checkbox"/> Signature Required	7. Date of Delivery <i>06/23/05</i>
5. Received By: (Print Name) <i>[Signature]</i>	8. Addressee's Address (Only if requested and fee is paid)
6. Signature: (Addressee or Agent) <i>[Signature]</i>	
PS Form 3811, December 1994	

Domestic Return Receipt